

Healthy Minnesota Partnership Meeting Summary

DECEMBER 3, 2025

Meeting summary

The Healthy Minnesota Partnership (Partnership) held a virtual meeting on December 3 from 1 to 3p.m. 109 people attended, representing multiple sectors. The meeting included updates about current work with the health priority workgroups and advisory committee, and an interactive overview of a recent member and partner engagement plans. Guest speakers from the Michigan Public Health Institute provided a presentation on the Waters for System Change model.

Meeting notes

Welcome and introductions

Healthy Minnesota Partnership co-chair Sarah Grosshuesch (Local Public Health Association) opened the meeting and reviewed the meeting agenda. Out of 75 people who responded to a warmup poll (have you attended a meeting before?), 40 had attended one or more meetings, 33 were attending for the first time, and 2 were unsure.

Partnership Updates

Advisory Committee

The Advisory Committee, which evolved from previous Statewide Health Improvement Framework Steering Committee, convened in June 2024. It meets bi-monthly to advise Partnership staff on the Healthy Minnesota Partnership and its work. There are currently eight members representing the Minnesota Department of Human Services, Minnesota Hospital Association, Local Public Health Association, Minnesota Pollution Control Agency, Essentia Rural Health Institute, Minnesota Board on Aging, and Blue Cross Blue Shield.

Health Priority Workgroup

Three health priority workgroups have been launched

- Equitable access and care
- Health and housing
- Belonging, wellbeing, and substance use prevention

As a result of recruitment efforts over the summer, more than 60 people registered to join one of the workgroups. A joint kick-off meeting was held in August and each of the three workgroups met in October/November. During the first workgroup meeting, workgroups discussed group agreements, reviewed objectives and strategies, and started a mapping activity (a first step for a strategy related to connections with other groups doing similar work).

In 2026, each workgroup will meet quarterly. Updates will be shared at future meetings. For more information about the improvement framework:

<https://www.health.state.mn.us/communities/practice/healthymnpartnership/framework.html>

Member and Partner engagement activity

Following increased meeting attendance and participation on workgroups in recent years, Partnership staff started engaging members and partners this fall to learn how to better engage and retain people in the future.

Initial input was gathered using a survey shared with members and partners in mid-September and open for 3 weeks. A total of 45 people completed the survey, with respondents from multiple sectors. Insights were compiled and shared with the Advisory Committee and co-chairs.

Staff engaged meeting attendees using a virtual tool (Mentimeter) staff shared a few of the survey highlights and engaged meeting attendees for additional input.

What brings you to Healthy Minnesota Partnership meetings?

- Dec 3 attendees responses: of 67 attendees who participated selected Learning (46 times), Collaboration & Networking (40 times), Health assessment and improvement planning work (39 times), updates (29 times) and other (5 times)
- Comparison to the Sept survey showed that survey respondents selected updates and information (35 times), collaboration and networking (31 times), learning and Health assessment and improvement planning work (29 times respectively, and unsure (2 times)

In your opinion, what is the most important role or function of the Healthy Minnesota Partnership?

- Some of the Dec 3 attendees responses: collaboration, coordination, bringing voices from across MN to the table, unsure, listening to the community, helping to provide guidance to statewide partners on SHIF priorities, decrease duplication, resource sharing and aligning work, cross-sector partnership building, , advance diversity, equity, inclusion and belonging across MN, advocacy, addressing social determinants of health, working towards the same goal, and more
- Comparison to the Sept survey: responses fit into five broad categories: collaboration, community and partner engagement, collective action, promoting equity, and other

What ideas do you have for supporting collaboration and networking between members and partners?

29 attendees responded and provided ideas such as: “open mic” time, breakout rooms, in-person meeting, clarify how to join workgroups, shared contact list that includes area of expertise, intentional time for members to get to know each other in small groups, bulletin board to share other projects that overlap, sending meeting dates ahead of time to better plan, avoid these large group meetings, in-between meeting activities, member highlights at every meeting and more

What two topics do you MOST want to learn more about in 2026?

Of 49 meeting attendees who responded to this question,

- 31 selected system change
- 30 selected primary prevention and upstream approaches
- 14 selected health equity
- 11 selected asset-based approaches
- 10 selected health in all policies

What next

All members and partners listed on the roster, who have attended meetings, and/or participate on a committee or workgroup are invited to attend an option one-hour listening session on December 18, 2025, at 10:00am.

Input gathered during the Dec 3 meeting will be compiled with input from the survey, additional interviews with members, other discussion and the listening session. Staff will work with the Advisory Committee and Co-chairs to incorporate input and share how input was used with the Partnership in the future.

Water for System Change model

Presentation by Phillip Barnart and Vanessa Fry, Michigan Public Health Institute, Center for Health Innovation and Practice

What are systems? There are several components of a system, such as public health, health care, housing, education, and transportation. Systems have relational elements between the components (for example, relationships between public health and education or between housing and transportation).

What is systems change? Systems change is an intentional process designed to alter the status quo by shifting the function or structure of an identified system with purposeful interventions. It is a journey which can require a radical change in people’s attitudes as well as in the ways people work. It is a process of shifting the conditions holding a problem in place.

Systems change aims to bring about lasting change by altering underlying structures and supporting mechanisms which make the system operate in a particular way. These can include policies, routines, relationships, resources, power structures and values...

There are six conditions of systems change

Explicit conditions

- Policies: Government rules, regulations and priorities that guide its and others' actions
- Practices: Organizational and practitioner activities that reflect their values and priorities
- Resource flows: How money, people, knowledge and information are allocated and distributed across a system

Semi-explicit conditions

- Relationships and connections: Quality of connections and communication occurring between system players
- Power Dynamic: Which individuals and organizations hold decision-making power, authority, influence

Implicit conditions

- Mental models: Deeply held beliefs and assumptions that influence one's actions.

Question & Answer

Question: As we address mental models, do you have suggestions for how to be successful when talking about how people think? *Response:* Addressing mental models is an internal, ongoing process. Self-reflection is central. For example, noticing moments of discomfort, defensiveness, or emotional tightening can signal when learning has stopped. Pausing to ask why those reactions are occurring, writing reflections, examining personal socialization, and understanding historical context are all part of the process.

Reflection from Partnership Co-chair: Not all systems change is equitable. Without an explicit equity lens, systems change often replaces one inequitable system with another.

Narratives and mental models about communities are shaped by distance and lack of relationship. When relationships are present, stereotypes break down and understanding becomes more accurate and grounded in real experience. Relational work is a critical bridge in equitable systems change.

Wrap up

2026 Healthy Minnesota Partnership meeting dates were announced and will be held from 1:00pm to 3:00pm on March 3, May 12, September 22, and December 8.

Assistant Commissioner Tura adjourned the meeting at 3:02p.m.

Attendance

Summary

A total of 110 people attended the meeting. Attendees represented cross-sectoral organizations from state agencies, local public health, community-based organizations, non-profits, health care, education, and others.

Overview

Healthy Minnesota Partnership Co-chairs

Dr. Robsan Halkeno Tura (Minnesota Department of Health) and Sarah Grosshuesch (Local Public Health Association)

Support Staff

Tara Carmean, Deanna White, Murphy Anderson, Melissa Michels

Attendees (listed alphabetically by first name)

Abbie Zahler (Hennepin County), Alex Dahlquist (MDH), Alexandra De Kesel Lofthus (ADKL Consulting LLC), Alisha Fussy, Allison Scot (Mower County Health and Human Services), Allison Larson (MDH), Amanda Welliver (Minnesota Housing), Angela Fields, Angela Preimesberger (MDH), Anna Lynn (MDH), Armelle Edoh (MNSCHA), Ashley Killday (LeSueur-Waseca Community Health Board), Audrey Hansen (Blue Cross Blue Shield of MN), Barb Salmela-Lind (Watonwan County Public Health), Bella Green (St Paul Ramsey County Public Health), Katie Betts (Rochester schools), Blaire Rodenbiker (MDH), Brian Bluhm (MDH), Brianna Raddatz (Lao Assistance Center of Minnesota), Cassandra Shaker (Anoka County); Catherine Lloyd (MDH), Chad Rhoads (United Way of Central MN), Chelsie Huntley (MDH), Choua Xiong (City of Minneapolis); Cynthia Swanlaw, Dana Page (Mn Dept of Education), Danie Watson (Watson Group Marketing); Danushka Wanduragala (Health Partners), Dasharath Yata (SEWA-AIFW); Denise Schneekloth (MN Rural Health Cooperative), Dr John Pournoor (MPHA), Duza Baba (Healthcare MN); Elena Tran (Scott County Public Health), Ellen Pillsbury (MDH); Emily Geray (MENTOR Minnesota); Emily Morrison (Carlton County), Emily Zylstra (Helping Hand Pregnancy Center); Endurance Ehimen Eichie (MDH); Erica Alley (MDH); Erin Schwab (Brown County Public Health); Farah Baig (MN Dept of Human Services, Age-Friendly Minnesota); Gold Lor (U of MN Extension); Haley Storms-Kruchten (MDH); Hannah Johnson (NorthPoint Inc); Hannah Resendiz Olsen (Scott County); Heather Peterson (American Heart Association), Heidi Orstad (MMA); Isabella Walters (North Point Health and Wellness Center); Jayme Carlson (MDH); Jen O'Brien (Hennepin County Public Health); Jessica Mattson (MDH); Jessic DeWolfe (MDH); Jill Collins Mattson (City of Bloomington Public Health Divisions); James McKinstra (Lutheran Social Services of MN, Board on Aging); Jocelyn Levin (MPHI); Josh Leopold (MDH); Joshua Ramaker (LeSueur County), Kate Elwell (U of MN), Katie Albert (St Louis County), Kelly Felton (MDH); Ken Bence (ARRM); Kim Engwer-Moylan (MDH); Kim Milbrath (MDH); Kiona Hermanson (Country

HEALTHY MINNESOTA PARTNERSHIP MEETING NOTES

Side, Swift County); Kristen Godfrey Walters (MDH); Laura Schulz (HACER); Laura Pipkin (Fairview Range); Lisa Bryant (ACCWI); Lyndia Morken (Morken Consulting (age-Friendly MN Grantee); Madison M (U of MN); Maria Acevedo (St Cloud District 742), Mary Meyer (MDH); Megan Chacon (MDH); Megan Ellingson (CHW Solutions); Meghann Levitt (Carlton County Public Health and Human Services); Melissa Mikkonen (Blue Cross Blue Shield of MN); Michelle Trumpy (U of MN); Molly Johnson (Carlton County Public Health); Munna Yasiri (DHS); Nancy Hoyt Taff (Ucare); Pamela Kriege Santoso (St Paul Ramsey County Public Health); Phillip Barnhart (Michigan Public Health Institute); Renee Kidney (MDH); Sara Croymans (U of MN Extension); Sarah Strawbridge (Merck); Sarah Svobodney Evans (MDH); Sheila Kiscaden, Sheila Watercott (Association for Nonsmokers); Shelagh Kalland (Blue Cross Blue Shield of MN); Sneha Singh (MDH); Sonia Reyes (Minnesota Council on Latino Affairs); Stephanie Rosa (MDH); SuzAnn Stenso-Vello (Ramsey County Public Health); Tamara Severtson (St. Francis Regional Medical Center); Tamara Aklilu (Lakeland Mental Health – Suicide Prevention); Tonayo Crow (Anoka County); Tracy Ackman-Shaw (MDH); Tracy Terlinde (Chisago County Public Health; Vanessa Fry (Michigan Public Health Institute). Two unidentified people joined by phone.

Minnesota Department of Health
Healthy Minnesota Partnership
635 North Robert Street
PO Box 64975
St. Paul, MN 55164-0975
health.healthymnpartnership@state.mn.us
www.health.state.mn.us

12/12/2025

To obtain this information in a different format, call: 651-201-3880